PAGE 1 / 24

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than All Aut	nonzea committee	Office Use Only			
NAME OF TOWNS     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5			
Monstah Pac						
1						
ADDRESS (number and street)	2588 El Camino Real					
Charle if different	Suite F #139					
Check if different than previously reported. (ACC)	Carlsbad		CA 92008 -			
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	TY <b>A</b>	STATE ▲ ZIP CODE ▲			
C C00529107		S THIS NEW (N) OR	AMENDED (A)			
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M:	(Non-Election Year Only)			
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)			
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)			
Quarterly Report (Q1 July 15	(c) 12-Day  PRE-Election	Primary (12P)	General (12G) Runoff (12R)			
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (12S)			
Quarterly Report (Q3	3)	M M / D D /	y y y y y in the			
January 31 Year-End Report (YE	E) Election		State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)			
Termination Report (TER)	Election	on on	in the State of			
5. Covering Period 07	01 2016	through 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
I certify that I have examined this	s Report and to the best of	my knowledge and belief it is	true, correct and complete.			
Type or Print Name of Treasurer	Eisenstein, David, , ,					
Signature of Treasurer  Eisenstein, David, , , [Electronically Filed] Date  Date  Date  Output  Date  Date  Date  Date						
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109			
Office Use			FEC FORM 3X Rev. 05/2016			

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Monstah Pac 07 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 650.80 January 1, 2016 (b) Cash on Hand at 297.73 Beginning of Reporting Period..... 5933.09 11512.39 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12163.19 6230.82 6(a) and 6(c) for Column B)..... 6119.09 12051.46 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 111.73 111.73 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 117378.73 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3 Write or Type Committee Name Monstah Pac 07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1300.00 1300.00 (i) Itemized (use Schedule A)..... 40.32 40.32 (ii) Unitemized ..... (iii) TOTAL (add 1340.32 1340.32 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1340.32 1340.32 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 4592.77 10172.07 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 5933.09 11512.39

5933.09

11512.39

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Calonial Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3322.10	9254.47
Expenditures(c) Total Operating Expenditures	3322.10	3204.41
(add 21(a)(i), (a)(ii), and (b))	3322.10	9254.47
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0700.00	0700 00
(use Schedule E)	2796.99	2796.99
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6119.09	12051.46
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6119.09	12051.46

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Dispursements	Page <b>5</b>
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1340.32	1340.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1340.32	1340.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3322.10	9254.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3322.10	9254.47

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

24 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Monstah Pac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Golman, David, , , Date of Receipt Mailing Address 404 Andrew Avenue 01 2016 City Zip Code State Transaction ID: SA11AI.4498 CA **Encinitas** 92024 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Contribution by direct deposit to Monstah PAC checking Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Lynn, , , Date of Receipt Mailing Address 398 Andrew Avenue 2016 City State Zip Code Transaction ID: SA11AI.4499 CA **Encinitas** 92024 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) n/a retired Contribution by direct deposit to Monstah PAC checking Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... 1300.00 TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page			LINE	PAGE		7	OF	2	24			
	(check only one)											
			11a		11b		11c		12			
		X	13		14		15		16			17
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Monstah Pac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Law Offices of David G. Eisenstein, P.C. Date of Receipt Mailing Address 2111 S El Camino Real 2016 Suite 202 30 City State Zip Code Transaction ID: SA13.4503 CA Oceanside 92054 Amount of Each Receipt this Period FEC ID number of contributing C 4592.77 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Advances to cover operating expenses Receipt For: Aggregate Year-to-Date ▼ Primary General 6616.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) 4592.77 SUBTOTAL of Receipts This Page (optional)..... 4592.77 TOTAL This Period (last page this line number only).....

#### S 17

S	CHEDULE B (FEC Form 3X)	Lles concrete cohedule(s)			FOR LINE NUMBER: PAGE 8 OF 2							
ΙT	EMIZED DISBURSEMENTS		category of the	(ch	(check only one)					,		
			Summary Page	<b>X</b> 21b 28a								27 30b
ΓΛ.												
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam											
$\setminus$	NAME OF COMMITTEE (In Full)											
	Monstah Pac											
_	Full Name (Last, First, Middle Initial)						<b>.</b>	, D.				
Α.	American Express						Date o	T Dis	D	D /	Υ	2046
	Mailing Address Box 0001						09		30			2016
	*	State	Zip Code				FEC Io	lenti	fication	ı Nun	nber	
	Los Angeles Purpose of Disbursement	CA	90096					-	-	_	_	
	2 payments of \$35 (min. pymt. due)						С					
	Candidate Name				_				ction	_		
				Cate Tv	egory /pe	//	Amoun	it or	Eacn	DISDU	rseme	ent this Period
	Office Sought: House Disburser	ment For:	2016		-							70.00
	Senate	Primary	<b>✗</b> General						,		,	
	President	Other (spe	ecify) 🔻				<b>X</b> M∈	emo	Item			
_	State: District:											
D	Full Name (Last, First, Middle Initial)						Date o	f Di	huroo	mont		
ъ.	Elsaadi, Kareem, , ,						Date					
	Mailing Address 1 Angwin Avenue, Newton 249						09	'	30	- 1	Y	2016
	7 Table 1 7 Tag Will 7 World C, 110 World 2 To											
	City	State	Zip Code				FEC Ic	lenti	fication	n Nun	nber	
	Newton Purpose of Disbursement	CA										
	Partial stipend for Intern loaned by Law Offices Day	vid Eisenste	ein	0	01		С					
	Candidate Name				_	./			ction			
				Cate Ty	gory pe	"	Amount of Each Disbursement this Period					ant this Period
	Office Sought: House Disburser	ment For:	2016									937.50
	Senate	Primary	<b>✗</b> General						,		,	
	President	Other (spe	ecify)				Me	emo	Item			
_	State: District:											
C.	Full Name (Last, First, Middle Initial)  Godaddy.com						Date o	f Dis	sburse	ment		
							M M	/	D	D /	Υ	YYY
	Mailing Address 480-5058865 AZ						09	4	30	)	L	2016
	City	State	Zip Code									
	Phoenix	AZ	'				FEC Id	ienti	rication	Nun	iber	
Purpose of Disbursement Internet services  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2016							C	_				
									action Each			ent this Period
								-	-			311.78
	Office Sought: House Disburser Senate							,		7	311.70	
Senate Primary ★ General  President Other (specify) ▼							П.,					
	State: District:	(opc	· · · · · · · · · · · · · · · · · · ·				Me	emo	Item			
								-	-	=	_	
s	SUBTOTAL of Disbursements This Page (optional)					<b>•</b>			7		7	1249.28
$\vdash$								-	-	_		
Ιт	OTAL This Period (last page this line number only)	)										

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SB21B Transaction ID: SB21B.4533

payment of min. pymt due covering interest and fees

Form/Schedule: Transaction ID:

### ľ

ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	b 22 23 26 27				
Any information copied from such Reports and Star or for commercial purposes, other than using the n			ed by any pers	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)  Monstah Pac								
Full Name (Last, First, Middle Initial)  A. Paypal		Date of Disbursement						
Mailing Address 2211 W 1st St	1			09 30 2016				
City San Jose Purpose of Disbursement	State CA	Zip Code 95131		FEC Identification Number				
Merchant Processing PayFlow/Paypal  Candidate Name  Monstah Pac			003 Category/ Type	C C00529107  Transaction ID : SB21B.4519  Amount of Each Disbursement this Period				
	Primary Other (spe	<b>✗</b> General	Турс	120.00 Memo Item				
Full Name (Last, First, Middle Initial)  B. Pipl.com  Mailing Address www.Pipl.com		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Purpose of Disbursement	State	Zip Code		FEC Identification Number				
retrieve email addresses  Candidate Name  Monstah Pac  Office Sought: House Disburs  Senate	sement For:	2016 <b>x</b> General	001 Category/ Type	Transaction ID : SB21B.4521 Amount of Each Disbursement this Period 240.64				
State: President  District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)  C. Postal Annex 4  Mailing Address 2588 El Camino Real  Date of Disbursement  09 30 2016								
Suite F City Carlsbad Purpose of Disbursement	State CA	Zip Code 92008		FEC Identification Number  C C00529107				
Mail Processing Candidate Name Monstah Pac	001 Category/ Type	Transaction ID : SB21B.4520 Amount of Each Disbursement this Period						
Office Sought: House Disburs Senate President State: District:		159.00  Memo Item						
SUBTOTAL of Disbursements This Page (optional	l)			519.64				
TOTAL This Period (last page this line number on	•							

TEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE N (check only 21b 28a						
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)  Monstah Pac									
Full Name (Last, First, Middle Initial)  A. Ruse, Bertille, , ,  Mailing Address 3500 Windrift Way  #374		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement Partial stipend for Intern loaned by Law Offices Davi Candidate Name  Office Sought: House Disbursem	Partial stipend for Intern loaned by Law Offices David Eisenstein  Onl Candidate Name  Category Type  Office Sought:   House   Disbursement For: 2016								
President State: District:	Other (spec	ify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)  3. Xennsoft Corp  Mailing Address 10813 S River Front Parkway Suite 230		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City South Jordan Purpose of Disbursement Software for administrative purposes Candidate Name	001 Category/	FEC Identification Number  C  Transaction ID: SB21B.4530  Amount of Each Disbursement this Period							
Senate	Office Sought:  House Senate Primary President  Disbursement For: 2016 Primary General Other (specify)								
Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address									
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement  Candidate Name	Category/	C Amount of Each Disbursement this Period							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Type  Memo Item									
SUBTOTAL of Disbursements This Page (optional)				726.55					
TOTAL This Period (last page this line number only)									

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	12	OF	24	
FOR	LINIE	12 OE	EODM 3V	

		Detailed Summary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4301			
Monstah Pac					
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial)	N			
Mailing Address 2588 El Camino Real		Other (specify) ▼			
F 139					
City	State	ZIP Code			
Carlsbad	CA	92008			
Original Amount of Loan	Cumulative I	Payment To Date Balance Outstanding at Close of This Period			
17136.53	3	2600.00 14536.53			
TERMS  Date Incurred		Date Due Interest Rate Secured:			
12 / 31 / Y Y 2014	M = M / D				
List All Endorsers or Guarantors (if	any) to Loan Source	ce			
1. Full Name (Last, First, Middle Initia	l)	Name of Employer			
Mailing Address		Occupation			
City	tate ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer			
Mailing Address		Occupation			
City	tate ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initia	l)	Name of Employer			
Mailing Address		Occupation			
City	tate ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initia	l)	Name of Employer			
Mailing Address		Occupation			
City	tate ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
FOTALS This Period (last page in this li	ne only)	······································			
Carry outstanding balance only to LINE	3, Schedule D, for t	his line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X					
AME OF COMMITTEE (In Full) Transaction ID : SC/10.4208							
Monstah Pac							
LOAN COURCE Fill Name /Lock First M	ddla Initial)	N					
LOAN SOURCE Full Name (Last, First, Mi Eisenstein, David, , ,	adie initial)	Primary					
		General					
Mailing Address 2588 El Camino Real		☐ Other (specify) ▼					
F 139							
City	State	ZIP Code					
Carlsbad	CA	92008					
Original Amount of Loan	Cumulative Payı	ment To Date Balance Outstanding at Close of This Period					
20411.78		0.00 20411.78					
TERMS	_						
Date Incurred	Da	te Due Interest Rate Secured:					
30 2015		On Demand 5.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed					
2. Full Name (Leet First Middle Initial)		Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
3 77 77		Occupation					
City State	ZIP Code	Amount Guaranteed					
4 Full Name (Leet First Middle Initial)		Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code						
City State	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)		20411.78					
2011110							
OTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanoa Gariniary Fago   Fort Elive 15 of Fortivi 5X
AME OF COMMITTEE (In Full)  Monstah Pac			Transaction ID: SC/10.4335
violidia i i do			
LOAN SOURCE Full Name (L Eisenstein, David, , ,	ast, First, M	liddle Initial)	N
Mailing Address 2588 El Camino	Real		Other (specify) ▼
F 139			
City		State	ZIP Code
Carlsbad		CA	92008
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
,	9250.00		0.00 9250.00
TERMS  Date Incurred		D	ate Due Interest Rate Secured:
M 12 / 31 / Y 20	)15	M = M / D = D	On Demand 5.00 % (apr) Yes X No
List All Endorsers or Guarante	ors (if any)	to Loan Source	
1. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middl	e Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middl	e Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	ge (optional)	)	0250.00
OTALS This Period (last page in			9230.00
			line If no Schedule D. carry forward to appropriate line of Summary
arry ourstanding palance only to	) I INF 3. SC	nequie D. for this	Time, it no achequie it, carry torward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X					
AME OF COMMITTEE (In Full) Transaction ID : SC/10.4485							
Monstah Pac							
LOAN COURCE Full Name (Loat First M	المائد المائد	N					
LOAN SOURCE Full Name (Last, First, Mi Eisenstein, David, , ,	iddie initial)	Primary					
		General					
Mailing Address 2588 El Camino Real		Other (specify) ▼					
F 139							
City	State	ZIP Code					
Carlsbad	CA	92008					
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period					
1933.35		0.00 1933.35					
TERMS							
Date Incurred	Da	te Due Interest Rate Secured:					
29 2016		Due on Demand 5.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) t	to Loop Course						
Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer					
T. Tun Name (East, First, Middle Hittal)							
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
		Name of Employer					
Mailing Address		Occupation					
		'					
City State	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	I	Name of Employer					
Mailing Address		Occupation					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)		1933.35					
TOTALS This Period (last page in this line onl	y)						
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 24

		Detailed Summary Page   FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4443
LOAN SOURCE Full Name (Last, First, Mic Eisenstein, David, , ,	N	
Mailing Address 2588 El Camino Real		Other (specify) ▼
F 139		
City	State	ZIP Code
Carlsbad	CA	92008
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1622.00	7	0.00 1622.00
TERMS  Date Incurred	Da	te Due Interest Rate Secured:
M 06	M M / D D	on demand 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		1022.00
Carry outstanding balance only to LINE 3. Set		line. If no Schedule D, carry forward to appropriate line of Summary.
carry outstanding balance only to LINE 3. Sch	neaule D, for this	ine. if no schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 17 OF 24

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID: SC/10.4290
Monstah Pac		
T		N
LOAN SOURCE Full Name (Last, First, Millaw Offices of David G. Eisenstein, P.C.	ddle Initial)	N ☐ Memo Item   Election: ☐ Primary
		General
Mailing Address 2111 S El Camino Real	Other (specify) ▼	
Suite 202		
City	State	ZIP Code
Occaraida		00054
Oceanside  Original Amount of Loan	CA Cumulative Payr	92054 Balance Outstanding at Close of This Period
Original Amount of Loan	Cultivative Fayi	Balance Outstanding at close of this Period
2778.50		1590.00 1188.50
TERMS  Date Incurred	Da	te Due Interest Rate Secured:
M 06	M = M / D = D	On Demand 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)	o Louis Gourgo	Name of Employer
(2003, 1.103, 1.1104)		
Mailing Address		Occupation
-		
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		
Mailing Address		Occupation
City State	ZIP Code	Amount
		Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Tuli realite (East, Flist, Wildele Hillar)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
		· · · · · · · · · · · · · · · · · · ·
SUBTOTALS This Period This Page (optional)		
To the time to the time tage (optional).		1188.50
TOTALS This Period (last page in this line only	v)	
To the same to the trade page in the line of the		
Carry outstanding balance only to LINE 3. Sch	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 18 OF 24

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)  Monstah Pac		Transaction ID : SC/10.4444
LOAN SOURCE Full Name (Last, First, MicLaw Offices of David G. Eisenstein, P.C.	N	
Mailing Address 2111 S El Camino Real		Unter (specify) ▼
Suite 202 City	State	ZIP Code
Oceanside  Original Amount of Loan	CA Cumulative Pay	92054  ment To Date  Balance Outstanding at Close of This Period
2023.95	Cumulative Fayi	0.00 2023.95
TERMS	De	to Due Interest Date Consumed.
Date Incurred  M 06	M M / D D	te Due Interest Rate Secured:  on demand 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		, 2020:33
TOTALS This Period (last page in this line only		
Carry outstanding palance only to LINE 3. Sch	neaule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 24

FOR LINE 13 OF FORM 3X

			TOTI LINE TO OF TOTING SX
AME OF COMMITTEE (In Full)  Monstah Pac			Transaction ID: SC/10.4503
vionsian Pac			
LOAN SOURCE Full Name (Last, First, Middle Initial) Law Offices of David G. Eisenstein, P.C.			N
Mailing Address 2111 S El Camino Real			Other (specify) ▼
Suite 202			
City		State	ZIP Code
Oceanside		CA	92054
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
4	592.77	7	0.00 4592.77
TERMS  Date Incurred		D	ate Due Interest Rate Secured:
M 09 M / D 30 D / Y 201	6	M = M / D = D	on demand 5.00 % (apr) Yes X No
List All Endorsers or Guaranto	rs (if any)	to Loan Source	
1. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	e (optional)		4592.77
TOTALS This Period (last page in	this line on	ly)	
Carry outstanding balance only to	LINE 3 Sc	hedule D for this	line If no Schedule D. carry forward to appropriate line of Summary

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: (check only one)

	9
X	10

24

OF

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Credit Card American Express Mailing Address Box 0001 State Zip Code Los Angeles CA 90096 Transaction ID: SD10.4196 Outstanding Balance Beginning This Period 5400.68 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5400.68 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Credit Card American Express Mailing Address Box 0001 City State Zip Code Los Angeles 90096 CA Outstanding Balance Beginning This Period Transaction ID: SD10.4493 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2919.17 2919.17 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Unpaid Salary** Eisenstein, David, , , Mailing Address 2588 El Camino Real F 139 City State Zip Code Carlsbad CA 92008 Outstanding Balance Beginning This Period Transaction ID: SD10.4198 9000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 9000.00 17319.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

24

21 OF

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Unpaid Salary** Eisenstein, David, , , Mailing Address 2588 El Camino Real F 139 City State Zip Code Carlsbad CA 92008 Transaction ID: SD10.4334 Outstanding Balance Beginning This Period 9000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Unpaid Salary** Eisenstein, David, , , Mailing Address 2588 El Camino Real F 139 City State Zip Code Carlsbad 92008 CA Outstanding Balance Beginning This Period Transaction ID: SD10.4490 4500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): unpaid salary Eisenstein, David, , , Mailing Address 2588 El Camino Real F 139 City State Zip Code Carlsbad CA 92008 Outstanding Balance Beginning This Period Transaction ID: SD10.4445 4500.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 4500.00 18000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 22
FOR LINE NUMBER: (check only one)

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X	10

24

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): unpaid salary at \$1,500 per month Eisenstein, David, , , Mailing Address 2588 El Camino Real F 139 State Zip Code Carlsbad CA 92008 Transaction ID: SD10.4496 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4500.00 4500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Overhead Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside 92054 CA Outstanding Balance Beginning This Period Transaction ID: SD10.4217 7000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 7000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Overhead Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside CA 92054 Outstanding Balance Beginning This Period Transaction ID: SD10.4333 6000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 6000.00 0.00 17500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

24

23

NAME OF COMMITTEE (In Full) Monstah Pac A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Share of office overhead and rent Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside CA 92054 Transaction ID: SD10.4487 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code Oceanside 92054 CA Outstanding Balance Beginning This Period Transaction ID: SD10.4446 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): overhead share Law Offices of David G. Eisenstein, P.C. Mailing Address 2111 S El Camino Real Suite 202 City State Zip Code CA 92054 Oceanside Outstanding Balance Beginning This Period Transaction ID: SD10.4497 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 61819.85 2) TOTALS This Period (last page this line number only)..... 55558.88 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 117378.73 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Signature

### SCHEDULE E (FEC Form 3X)

SOUTH OF THE STATE					
TEMIZED INDEPENDENT EXPENDITURES				PAGE 24	OF 24 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	
Monstah Pac				1.1 1 1 1 1	ON NUMBER V
				C C00529107	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D /	Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/	Dissemination
Facebook Advertising USA			N	09 / 30 /	2016
Mailing Address 1601 Willow Road				با ب	
Building 10			Amou	nt	
City	State	Zip Code	<b>□</b> L.		2046.99
Menlo Park	CA	94025-1453		saction ID : SE.4531 of Disbursement or C	Obligation
Purpose of Expenditure promotion of facebook posts		Category/ Type 004	N.	09 / 30 /	2016
Name of Federal Candidate:		Support	Office Sough	nt: X House	District: 49
Issa, Darrell, , ,		Coppose Support	Preside		State: CA
Calendar Year-To-Date			Disbursemen		
Per Election for Office Sought		2046.99	2016	Other (specify)	
Full Name of Payee		☐ Memo	1 _	of Public Distribution/	Dissemination
Paramount Communication			N	00 / D D /	Y Y Y Y Y
Mailing Address 525 K East Market Street			L	09 30	2016
#114			Amou	nt	
City	State	Zip Code			750.00
Leesburg	VA	20176	Trans	saction ID : SE.4532	
Purpose of Expenditure		Category/	N.	of Disbursement or C	Diligation
email platform		Type 006		09 30	2016
Name of Federal Candidate:		Support	Office Sough	nt: X House	District: 49
Issa, Darrell, , ,		× Oppose	Preside		State: CA
Calendar Year-To-Date			Disbursemen	nt For: Primary	<b>X</b> General
Per Election for Office Sought	7 7	2796.99	2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	j				2796.99
				7	
(a) SUBTOTAL of Unitemized Independent Expenditur	res				
(a) TOTAL Independent Expenditures			· • [		2796.99
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Eisenstein, David, , ,	[Electronically File	ed1	M = M /		YIY
		_ Date	e 10	15 201	16